FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses) 1. Name and Address of Reporting Person* SCHRICK RANDY M		2. Issuer Name and Ticker or Trading Symbol MGP INGREDIENTS INC [MGPI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 1300 MAIN STREET, P.O. BOX 130		3. Date of Earliest Transaction (Month/Day/Year) 12/06/2006					Director 10% Owner X Officer (give title below) Other (specify below) Vice President						
(Street) ATCHISON, KS 66002		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person						
(City) (State) (Zip)		Table I - Non-Derivative Securities Acqu				Acqui	nired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	4. Securities Acquir (A) or Disposed of ((Instr. 3, 4 and 5)		of (D)	Beneficial Reported	nt of Securities ally Owned Following Transaction(s)		6. Ownership Form:	Beneficial	
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 al	str. 3 and 4)	or Ind	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	12	/06/2006		A		9,300	A	(1)	86,124			D	
Reminder: Report on a sep	parate line for each	en class of secur	nies beneficiany ov		Perso	ons who ained in	this fo	rm are	not requ		ormation spond unlestrol number	s	1474 (9-02)
Reminder: Report on a sep	parate line for each	Table II - I	Derivative Securitie	es Acquire	Perso conta the fo	ons who ained in orm disp	this for plays a , or Ben	rm are curre	not requ ntly valid	ired to res	pond unles	s	1474 (9-02)
1. Title of 2. 3 Derivative Conversion D	B. Transaction Date Month/Day/Year	Table II - I (a) 3A. Deemed Execution Dat) any	Derivative Securities, puts, calls, wa 4.	es Acquires rrants, opt 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	Persoconta the for ed, Distions, 6. Da and E	ons who ained in orm disp	this for blays a constant of the secunsable of the secundary of the se	rm are currel rities) 7. Ti Amo Und Secu	not requ ntly valid	OMB cont	pond unles	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nation of Indirection Benefic Owners: (Instr. 4
1. Title of 2. 3 Derivative Conversion Execurity (Instr. 3) Price of Derivative	3. Transaction Date	Table II - I (a) 3A. Deemed Execution Dat) any	Derivative Securities, puts, calls, wa 4.	es Acquires rrants, ope 5. Number of Derivative Securities Acquired (A) or Disposed of (D)	Persocontatthe for the following person of the followi	ons who ained in orm disp sposed of convertil ate Exerci- Expiration hth/Day/Y	this for blays a for Ben ble secu sable a Date fear)	rm are currel reficial rities) 7. Ti Amo Und Secu (Inst 4)	e not requently valid ly Owned itle and ount of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transactions	f 10. Ownersl Form of Derivati Security Direct (I or Indirects)	11. Na of Indi Benefi ve Owner : (Instr.

D (1 0	D (1 0 N /		Relationships					
Reporting Owner Address	· Name /	Director	10% Owner	Officer	Other			
SCHRICK RAND 1300 MAIN STRE P.O. BOX 130 ATCHISON, KS 6	EET			Vice President				

Signatures

Randy M. Schrick	12/08/2006
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) This is a stock award, therefore, there is no reportable price.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.